

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025234

DO NOT WRITE
ON THIS STUB

AMENDED

Registered District

Filed JUN 18 1962

Primary Registration District No.

1003

Registrar's No.

5830

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Phillips		d. STREET ADDRESS (If outside, give location) 5707 Cote Brilliant	
3. NAME OF DECEASED (Type or print) First Middle Last Florence Stiggers		4. DATE OF DEATH Month Day Year 6 11 1962	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-11-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) Housewife		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Unknown		14. NAME OF HUSBAND OR WIFE U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Helen White		Address 5117 Wabada	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Arteriosclerosis DUE TO (b) 4201 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9:30 to 4:00 and last saw her/him alive on 6-11-62 Death occurred at 4:00 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Boyd		22b. ADDRESS 1300 Clair	
22c. DATE SIGNED 6-12-62		22d. NAME OF CEMETERY OR CREMATORY Washington Park	
22e. LOCATION (City, town, or county) St. Louis County		22f. STATE Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-15-1962	
23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) St. Louis County	
23e. STATE Mo.		23f. DATE RECD. BY LOCAL REG. JUN 12 1962	
23g. REGISTRAR'S SIGNATURE Boyd		23h. REGISTRAR'S SIGNATURE Boyd	
23i. FUNERAL DIRECTOR Boyd Funeral Home		23j. ADDRESS 3704 Finney	
23k. DATE RECD. BY LOCAL REG. JUN 12 1962		23l. REGISTRAR'S SIGNATURE Boyd	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

91

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Dr. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is, not embalmed, fact should be so stated above.